

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10701 8999		FILING DATE 26 DEC 2002	
						APPLICANT(S) <i>Saro</i>			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1			/				51		
2				/			52		
3				/			53		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			/				TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS			5				TOTAL CLAIMS		